

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400050015-7

U. S. _____ Cost Reimbursable
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., _____ Payee's Account No. 551

To _____
(Payee)

PAID BY
SAPC 2567 COPY 1 OF 3
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				2,841.	72
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 2,841. 72

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

STATINTL

Date 11/7/55 *Payee _____ required when _____ (Shed bill or bills)

Per _____ Title _____ Account verified; correct for (Signature or initials) 2,841 72

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 2,841.72 STATINTL

By _____ SIGN ORIGINAL ONLY Title _____

Title Approving Officer Date _____ Contracting Officer 11/10/58

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. Amount	Appropriation Amount
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the check must be written in the space provided for the signature of the person certifying the check. If the check is written in the name of a company or corporation, the name of the person certifying the check must be written in the space provided for the signature of the person certifying the check. If the check is written in the name of a company or corporation, the name of the person certifying the check must be written in the space provided for the signature of the person certifying the check.

Title _____

Standard Form No. 1085—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

Public Voucher for Purchase and
Services Other Than Personal
CONTINUATION SHEET

SAPC 2567
COPY 1 OF 3

U. S. _____ Cost Reimbursable _____ Sheet No. 1 of Bureau Voucher No. 112
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		<u>PAYROLL</u> <u>SYSTEM IV</u>					
		Direct Labor Costs properly chargeable to Contract A101 for the period 10-24-55 thru 10-30-55				STATINTL	
		Week Ending 10-30-55					
		Overhead computed at interim rate of [REDACTED]					
		Total Labor and Overhead				2,841.72	